

Foster Family Home - Corrective Action Report

Provider ID: 1-584020

Home Name: Renelda Raposas, CNA

1261 Hooli Circle

Pearl City

HI 96782

Review ID: 1-584020-8

Reviewer: Julie Hastings

Begin Date: 4/17/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 5/17/2020

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)

CG#2, CG#3, CG#4, HHM#1 APS/CAN lapsed.

*CG#2,CG#3,HHM#1 APS/CAN last done on 3/4/18. Was due on or before 3/4/20. No current APS/CAN.

*CG#4 APS/CAN last done 1/24/28. Was due on or before 1/24/20. No current APS/CAN.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)

*Medication Administration Record not current for Client #1. Last entry was mid January 2020

*Medication Administration record not current for Client #2. Last entry was February 28,2020.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: RENELDA RAPOSAS

CCFFH Address: 1261 Hooi circle, Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	lapse cannot be corrected. New APS/CAN done for: Cg# 2 Cg# 3 Cg# 4 FFHome# 1	<u>5-4-20</u> <u>5-4-20</u> <u>5-4-20</u> <u>5-4-20</u>	calendar reminder will be placed in binder for 2 months prior to expiration
54(e)(5)	MAR now current for all clients	<u>5/4/20</u>	MAR will be signed daily for all clients

Primary Caregiver's Signature: Renelda Raposas (pcg)

Print Name: RENELDA RAPOSAS Date of Signature: Raposas 5-12-20